

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/517864

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	1					
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		①				
12		②				
13		③				
14		④				
15		⑤				
16	1					
17		1				
18		1				
19	1					
20		1				
21		①				
22			1			
23				1		
24				1		
25			1			
26				1		
27				1		
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44				1		
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48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		20	←		←
TOTAL CLAIMS			23			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						